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**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of the Islamic Republic of Iran
Support for a comprehensive population programme

Proposed UNFPA assistance: \$10 million from UNFPA regular resources

Estimated value of the
Government's contribution: To be determined

Duration: Five years

Estimated starting date: January 1994

Executing agencies: Government of the Islamic Republic of Iran
United Nations and United Nations agencies and organizations
National and international non-governmental organizations (NGOs)

Government coordinating
agency: Plan and Budget Organization
Ministry of Foreign Affairs

Islamic Republic of Iran

Demographic facts

Population (000)		Average annual change (000)	
Total	66,720	Population increase	1,691
Males	33,933	Births	2,491
Females	32,787	Deaths	440
Sex ratio (/100 females)	103.5	Net migration	-360
Urban	40,299	Annual population total (% growth)	2.71
Rural	26,421	Urban	3.91
Per cent urban	60.4	Rural	1.00
Population in year 2000 (000)	77,929	Crude birth rate (/1000)	39.9
Functional age groups (%)		Crude death rate (/1000)	7.0
Young child: 0-4	17.4	Net migration rate (/1000)	-5.8
Child: 5-14	28.5	Total fertility rate (/woman)	5.95
Youth: 15-24	19.1	Contraceptive prevalence rate (% 15-44)	..
Elderly: 60+	5.9	Gross reproduction rate (/woman)	2.90
65+	3.8	Net reproduction rate (/woman)	2.58
Percentage of women aged 15-49	44.1	Infant mortality rate (/1000)	40
Median age (years)	16.9	Maternal mortality rate (/100,000)	..
Dependency ratios: total	99.0	Life expectancy at birth (years)	
(/100) Aged 0-14	91.3	Males	66.6
Aged 65+	7.6	Females	67.9
Agricultural population density		Both sexes	67.2
(/hectare of arable land)	1.0	GNP per capita U.S. dollars, 1991)	2,170
Population density (/sq. km.)	40		

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$10 million over a five-year period, starting January 1994, to assist the Government of the Islamic Republic of Iran in achieving its population and development objectives. The proposed programme represents the second cycle of UNFPA assistance and is timed to coincide with the Government's second development plan, and with the programme cycles of UNDP and UNICEF, both of which are partners with UNFPA in the Joint Consultative Group on Policy (JCGP).
2. The proposed programme has been designed to complement the Government's national population activities and is based on: (a) the Government's objectives and strategies contained in the First Five-Year National Development Plan (1989-1993) and in the draft Second Five-Year National Development Plan (1994-1998); (b) the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission that visited the Islamic Republic of Iran in May-June 1993; (c) consultations in September 1993 with senior officials of the Ministry of Foreign Affairs, the Ministry of Health and Medical Education, and the Bureau of Women's Affairs; and (d) the experience and lessons learned from the implementation of UNFPA's first country programme.
3. According to the final results of the 1991 census, the population of the Islamic Republic of Iran is approximately 57.2 million, an increase of 7.8 million since the last census in 1986, or an average of 2.9 per cent a year. According to government projections, the population will reach 70.5 million by the year 2000 and 100 million by the year 2015. The provinces that have experienced more rapid population growth have been, generally, the least urban and least developed ones, and it is in these areas where UNFPA will concentrate its assistance.
4. Family planning was introduced in the country in 1967, when it received official recognition as a basic human right. In the following decade, the population growth rate declined from 3.69 per cent to 2.32 per cent. After a decade-long hiatus, family planning services were re-introduced more vigorously in 1988 as the result of a population conference held in Mashad that was addressed by both the President and Prime Minister. Family planning now receives the full support of the Government.
5. Following initial UNFPA assistance in the 1970s, the Fund resumed its activities in the Islamic Republic of Iran in 1984. The major focus was on providing contraceptive supplies and on training rural midwives and family planning advocates in family planning techniques and counselling. This represented a major success of the first country programme: more than 1,500 such service providers have been trained to date. The other area of focus was in introducing population education into the Government's widespread and successful adult literacy campaign.
6. The broad objectives of the proposed UNFPA programme would be to assist the Government in: (a) formulating a comprehensive population policy and integrating social and demographic variables into sectoral planning; (b) further strengthening the capacity of Iranian institutions to carry out demographic data collection and analysis and population research and training; (c) improving the quality, coverage and accessibility of family planning services nationwide; (d) improving the role and status of women; and (e) consolidating the progress achieved so far in population education, both in and out of schools.
7. The Government's population goal is to attain a demographic growth rate in harmony with the pace of the country's social and economic development. Short-term targets for 1998 set forth in the draft Second Five-Year Plan are: (a) to further reduce the population growth rate to 2.36 per cent; (b) to further reduce the total fertility and crude birth rates from the 1993 levels of 4.25 and 33 per 1,000, respectively, to 3.65 and 28 per 1,000; (c) to expand the coverage of family planning services from 46 per cent to 70 per cent of the population; (d) to promote increased public awareness of population issues and the adverse effects of rapid

population growth on the country's development; (e) to enhance the participation of Iranian women in the socio-economic development of their country and to increase their awareness of the advantages of fertility regulation; and (f) to continue to study the country's population structure.

8. UNFPA's proposed programme would help the Government achieve these goals by targeting assistance in certain specific areas. The most important of these, to which almost half of the proposed funding would be devoted, would be to expand family planning services to poor rural and marginal urban areas. The main tool for doing this would be to continue the training of rural midwives and family planning advocates at the 30 training centres currently being supported and to expand this training to an additional 15 centres. Assistance would also be given for expanding the women's health volunteer programme, which has proved very successful in a pilot programme now underway in the suburban areas of south Tehran. UNFPA would also assist in meeting the country's contraceptive requirements, which would be the subject of an in-depth study in the proposed programme, and in helping the Government to expand the mix of contraceptive methods available in the country.

9. In addition to activities in the area of maternal and child health and family planning (MCH/FP), UNFPA would provide significant support for population information, education and communication (IEC), data collection, and women, population and development activities. Given the high level of school enrolment in the Islamic Republic of Iran and the fact that students below university level make up 30 per cent of the population, IEC activities would be focused on the formal school system, particularly in providing in-service training in population education for 700 teachers. At the community level, the proposed programme would continue to make use of the national literacy campaign as a way of introducing population concepts to many disadvantaged sections of the society, particularly women. Support would also be provided to help the Government prepare for the 1996 census, building on the success of the 1991 census. UNFPA would collaborate with UNDP and UNICEF in developing a national women-in-development strategy and programme and in strengthening the Bureau of Women's Affairs.

10. UNFPA is the only international funding agency that supports population programmes in the Islamic Republic of Iran, although both UNDP and UNICEF have collateral activities that complement UNFPA's assistance. With the ongoing strengthening of the UNFPA field office, UNFPA is expected to play an expanded role in coordinating this assistance. UNFPA's own programmes would be monitored and evaluated in accordance with standard UNFPA guidelines. Independent evaluations would also be carried out. The programme would be administered by the UNFPA Country Director under the supervision of the UNFPA Representative. In order to promote national execution, national experts would be recruited to strengthen project coordination and management. A training workshop on national execution for project directors would be organized with assistance from UNFPA headquarters, the UNFPA Country Support Team in Kathmandu, Nepal, and field offices in the region.

11. Recommendation. The Executive Director recommends that the Executive Board approve the programme for the Islamic Republic of Iran as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

12. According to the final results of the 1991 census, the population of the country is around 57.2 million, an increase of 7.8 million since the last census in 1986. Annual population growth has been rapid: 3.9 per cent during the period 1976-1986 and 2.9 per cent in the intercensal period 1986-1991. The provinces that have experienced more rapid population growth have been, generally, the least urban and least developed ones. Since the 1960s the health status of the population has improved dramatically. Mortality has continuously declined, and at an accelerated pace during the last decade. Infant mortality, which was 120 per

1,000 in 1956, was estimated at 33 per 1,000 in 1993. Maternal mortality has declined significantly, to 54 per 100,000 live births in 1991. Life expectancy was 67 years in 1992, and the crude birth rate was 33 per 1,000 in 1993. According to government projections, the population will reach 70.5 million by the year 2000 and 100 million by the year 2015.

13. Following the population conference in Mashad in 1988, a Fertility Regulation Council was set up under the chairmanship of the Minister of Health to monitor the implementation of the new population programme and to advise the Cabinet on population matters. The strong commitment of the Government to contain rapid population growth has been evident with the creation in late 1991 of a separate Population and Family Planning Department within the Ministry of Health and Medical Education and through various high-level policy seminars that culminated in 1993 legislation that suspends provision of family benefits (maternity leave, insurance, free day care) from the fourth child and up and directs educational institutions to incorporate population as a required subject in school curricula.

14. One of the advantages of the family planning programme is that it is integrated into a very extensive primary health care network that reaches 60 per cent of the rural population and 90 per cent of the urban population. This network provides pre- and postnatal care, immunization and environmental health education. In rural areas, the network consists of health houses that extend basic preventive and curative services, including distribution of contraceptive pills and condoms. Rural and urban health centres, managed by district health centres, provide guidance, supervision and referral to these health houses, and they are equipped to insert intra-uterine devices (IUDs) and to administer injectables. Soon these rural health centres will be able to perform sterilizations and insert implants, services that are currently undertaken only in hospitals. Referral services are provided by district hospitals, and tertiary care is assured by a network of public and private general hospitals.

15. The Ministry of Health and Medical Education has reported that total fertility declined from 6.4 children per woman in 1988 to 4.25 in 1993. A major part of this decline is attributed to an increase in the contraceptive prevalence rate (CPR) for modern methods, from below 20 per cent in 1988 to about 46 per cent in 1993. There has also been a notable increase in the literacy rate to 74 per cent, with girls' enrolment in primary schools nearly as high as that of boys. The spread of education and literacy has bolstered a widespread desire for smaller families, particularly among rural women.

16. An estimated 4.8 per cent of GDP is spent on health care, of which the share of public expenditure is 70 per cent. Preventive care is free in the public system, but there is a charge for curative services. Government allocations to the population and family planning programme have increased in recent years, and the capability to expand services in the medium- and long-term will depend to a large extent on the ability to sustain adequate financial support to the extensive public health network. In this connection the draft Second Five-Year Plan indicates a strong political will to establish a national health insurance scheme that would cover a larger portion of the population and to entrust the private sector with an increasing role in providing curative care, particularly hospital care in urban areas.

17. The Islamic Republic of Iran has placed great emphasis on its social development, and women enjoy a fairly good status, high levels of literacy, education and life expectancy, and low levels of maternal mortality. However, women still face important societal constraints. For example, whereas women participate very actively in the development activities of the country, they have limited career opportunities, particularly in the private sector. Within the family, women still assume a subordinate role to men, especially in rural areas, and thus have little influence in making decisions concerning themselves and their families.

18. Despite the success of the Government's population programme to date, the task ahead in further reducing fertility and increasing the CPR is rather formidable. In fact, the recent rapid increase in contraceptive use has been partly fuelled by the absence of family planning services for over a decade, and

once the accumulated demand for contraception is met, further progress will be difficult, particularly since the programme is largely supply-oriented. A relatively large number of children, who were born during the "baby boom" of 1976-1986, will be entering their reproductive period from 1996 onward, and the programme will have to cater to the needs of a much larger number of couples, including those who are not yet reached through the primary health-care network. These concerns have been addressed by the Government in its second five-year plan, which highlights the need for a planning approach that takes into account the interlinkages between population factors and resources. The plan especially promotes a small family norm of four, as well as women's increased participation in socio-economic activities. The plan also envisages operational research and knowledge, attitudes and practices (KAP) surveys, annual surveys to study the employment and economic status of households, labour surveys, the introduction and development of new contraceptive technologies, legislation to direct hospitals and clinics to provide contraceptive services and abrogation of all schemes that encourage couples to have more than two children.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

19. External assistance constitutes a relatively modest proportion of the Government's health and family planning budget, and UNFPA is the only source of external assistance to population activities *per se*. UNFPA first provided assistance in the 1970s, allocating \$2.36 million for population research, information and communication in support of MCH/FP, and for data collection. Assistance was resumed in 1984 for training of service providers and provision of contraceptives and medical equipment. Between 1984 to 1989, UNFPA's total expenditure was \$1.06 million. Following a Basic Needs Assessment mission that visited the country in 1989, in 1990 the Governing Council approved the first country programme in the amount of \$4 million. The programme was designed to assist the Government in developing its technical, administrative and management capabilities. It also aimed at paving the way for a more comprehensive population programme in the future. Extended to December 1993, the programme has spent \$3.2 million, of which \$1.9 million were expended in 1993.

Maternal and child health and family planning

20. Over the period 1990-1993, UNFPA's expenditures for MCH/FP activities amounted to \$2.58 million. UNFPA provided contraceptive supplies, some laparoscopes and medical equipment, training in IUD insertion, and training and supplies for Norplant and no-scalpel vasectomy. UNFPA's major activity has been the training of about 1,565 rural midwives and family planning advocates, which account for nearly one-third of all these health workers in the country. The project has also helped to procure medical equipment and contraceptives and to produce IEC materials. Monitoring and follow-up visits and reports have revealed that the technical ability of the rural midwives and family planning advocates has been very satisfactory and that they have succeeded in winning the confidence of the community. To ensure the continued success of the programme, the PRSD mission recommended: (a) putting in place a monitoring and follow-up system; (b) upgrading the training curriculum with more emphasis on interpersonal communication skills, motivation and counselling techniques for family planning; and (c) including rural midwives and family planning advocates in the existing primary health-care fee scheme for family planning services. Another initiative, recently launched following the success of a pilot scheme in south Tehran, has been the development of community family planning services in 10 semi-urban areas. The project utilizes women volunteers from the community as motivators and counsellors and aims at expanding accessibility to family planning in areas that are not serviced by the primary health-care network or by the full range of urban facilities.

Information, education and communication

21. In the IEC sector, UNFPA enhanced public awareness of population issues by incorporating population education messages into the adult literacy programme. This programme has very successfully decreased rural illiteracy in the last 10 to 15 years and is managed by the Literacy Movement Organization

(LMO), which is a very influential and efficient institution. UNFPA funds were used to train teachers, instructors, and LMO officials in implementing family planning programmes and in incorporating population and family planning messages in training materials used in literacy classes. Study tours to observe successful population education programmes in China, Indonesia and Thailand were also organized for LMO officials. The PRSD mission noted that future activities need to address the actual teaching of population education and the production of population education training materials.

Other sectors

22. The concentration of UNFPA assistance in the areas of MCH/FP and IEC has left limited resources for other areas. The Fund did provide support to develop human resources in order to strengthen census analysis and data collection within the Statistical Centre of Iran and to enhance the quality of policy-oriented research and demography teaching at the Faculty of Social Sciences of Tehran University. UNFPA also directed efforts to strengthen the institutional capacity of the Population and Manpower Bureau of the Plan and Budget Organization to act as the focal point for coordination of population programmes in the Islamic Republic of Iran and the institutional capacity of the Urban Planning and Architecture Research Centre to effectively integrate population trends into regional and urban planning. Noting that there has been limited progress, owing to a late start and insufficient technical backstopping by the executing agencies, the PRSD mission recommended continued assistance in these areas.

Other external assistance

23. The main organizations providing assistance to population-related activities in the Islamic Republic of Iran, in addition to UNFPA, are UNICEF and WHO. UNICEF supports efforts to rehabilitate the primary health-care network in war-affected provinces, through which it assists child health activities, and has been providing assistance to establish primary health centres in refugee areas. UNICEF has also been active in implementing the Safe Motherhood programme nationwide. WHO provides support to help the country acquire appropriate technologies to meet its health care needs and train health personnel, particularly in health care management. A new programme to provide health vocational training for women is intended to increase women's employment in the health sector and their awareness of their own health needs.

24. The World Bank recently signed a six-year \$141 million loan agreement to improve the primary health-care network of rural health centres, to establish a centre for training managers of health and family planning services, and to help defray costs for construction, equipment, training and personnel. UNFPA collaboration is foreseen in efforts to help procure contraceptives, identify technical expertise and arrange for training. The World Bank project is expected to begin in 1994.

IV. PROPOSED PROGRAMME 1994-1998

25. While fully endorsing the Government's population goals as the basis for programming future population activities in the Islamic Republic of Iran, the PRSD mission recommended the following strategies for UNFPA assistance: (a) concentrating UNFPA-supported MCH/FP activities in peri-urban and hard-to-reach rural areas through the health network and the rural midwives and family planning advocates' training programme and the women's health volunteer programme; (b) enhancing awareness and appreciation of population issues by utilizing all appropriate channels to disseminate culturally sensitive messages on responsible parenthood and the small family norm, and integrating population education into the curricula of both formal and informal education systems; (c) strengthening the institutional capacity of key government agencies, especially by helping to develop their human resources; and (d) integrating women's concerns into all population and development policies and programmes and utilizing women's NGOs.

26. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have information, education and means to do so (para. 14 (f)).

Maternal and child health and family planning

27. UNFPA would provide \$4.5 million to support government efforts to expand and extend services to priority target groups, especially those in poor rural and marginal urban areas; improve programme coverage and quality; and improve programme management. The Safe Motherhood approach would guide UNFPA assistance in this sector in line with the Government's health policy and objectives.

28. The PRSD mission noted that the training of rural midwives and family planning advocates serves the health and development needs of women in both short- and long-term perspectives and that this training programme needs to be augmented and coordinated to further improve their performance. Family planning activities would be further strengthened in the 30 training centres for rural midwives and family planning advocates currently being supported by UNFPA and would be expanded to another 15 similar centres in selected provinces during the new programme cycle. Training curricula would also be revised to incorporate clinical counselling skills and client follow-up.

29. Despite significant expansion of MCH/FP services in rural areas, accessibility to family planning has remained limited in the semi-urban areas where there are neither community-level workers nor the full range of urban facilities. For this purpose, the Government started a women's health volunteer programme in southern Tehran, and this pilot project is currently being expanded to 10 other areas. The PRSD mission observed that utilizing community-based family planning services through women volunteers has been very effective in creating demand and in empowering women within their immediate family and community. It therefore recommended that such services be further expanded under the new country programme. UNFPA would provide support to establish 40 centres in selected suburban areas in 15 provinces, train volunteers in counselling, strengthen clinical contraceptive services in the centres, and set up a monitoring and follow-up system.

30. As part of its efforts to strengthen the health management and planning capabilities of the Ministry of Health and Medical Education and of teaching hospitals and public health schools, the Government plans to establish a National Family Planning Training and Media Centre in Tehran that would include an IEC department, a training department, and a research department with an attached clinic. The centre will serve as a focal point for the national training programme and will be open to trainees from neighbouring countries. UNFPA would support pre-service training and provide advisory services and some equipment for this centre.

31. Supporting the Government's initiative to strengthen national capacity to expand the mix of contraceptive methods has been recommended by the PRSD mission. In this respect, funds would be provided for: (a) contraceptive supplies such as Norplant and condoms; (b) technical assistance to improve the training of trainers, especially in counselling on the use of IUDs, injectables, Norplant, no-scalpel vasectomy and tubectomy; (c) a feasibility study to upgrade local production of IUDs and to introduce newer types of IUDs; and (d) an in-depth study of contraceptive requirements. UNFPA would also support research into cost-recovery schemes for family planning services in urban and suburban areas to assess the feasibility of charging for contraceptives. This would help define the role of the private sector in the expansion of family planning services.

Information, education and communication

32. IEC for family planning. Despite government efforts to enlist the support of a wide range of participants and to develop innovative ways to increase demand for family planning in rural areas, IEC efforts have not been sufficiently coordinated and focused and have suffered from weak institutional capacity, a limited research base and the lack of a multi-sectoral strategy. The main scope of UNFPA's \$1.4 million in assistance in this area, therefore, would be to contribute to the Government's announced priority of providing effective IEC support to the family planning service delivery system and of increasing the demand for services.

33. One of the main objectives in this sector would be to promote the implementation of a coordinated approach to IEC in support of family planning. In so doing, the proposed programme would make use of the country's well-developed primary health care (PHC) infrastructure, its modern and extensive mass communications system, and the grass-roots network of the Literacy Movement Organization, as well as draw upon the support of religious and community leaders, women's volunteers and NGOs. Two other objectives would be: (a) to develop an IEC programme that targets family planning service providers, adolescents and men; and (b) to integrate population education into all levels of the school system.

34. The Department of Population and Family Planning of the Ministry of Health and Medical Education is the key to the success of efforts to improve coordination of IEC efforts. The Department, which was established in 1991, has yet to assume its role as the lead government agency in coordinating and implementing population IEC activities. UNFPA efforts, as recommended by the PRSD mission, would therefore focus on strengthening the capacity of the Department to fulfil this role. The Fund would also provide support to: (a) produce IEC materials tailored to specific audiences; (b) train health and family planning service providers in support of IEC activities; (c) sensitize journalists, through well-designed orientation programmes, to pertinent family planning issues; and (d) promote family life education messages in religious gatherings.

35. Given the high level of school enrolment in the Islamic Republic of Iran and the fact that students below university level constitute 30 per cent of the population, the school system is a critical site for targeting population education activities at youth. Within the formal education system, UNFPA would assist the Ministry of Education in incorporating population education into the curriculum of primary, guidance and secondary schools. In this connection, education modules would be developed on the basis of a sociocultural study and would be tested and integrated into such subjects as geography, mathematics, biology and civil education. About 700 in-service teachers would receive training in the methodology of teaching population education. Population education would be introduced on a pilot basis in the final year of primary school in selected locations in Tehran and the provinces, and as an extra-curricular activity of secondary schools. The university curriculum for pre-service teachers' training would be revised to include a population education component.

36. At the community level, in addition to planned efforts to train more women volunteers as family planning assistants and strengthen the counselling skills of PHC/FP service providers, UNFPA would support the use of the highly successful literacy campaign to promote population and family planning education in literacy classes, especially those for women, and develop a package of teaching and reading materials on population and family planning issues for use in these classes.

Data collection and analysis

37. In noting the shortage of trained staff and the limited coordination among principal agencies in this area, the PRSD mission recommended that UNFPA assistance should be directed at upgrading the technical capacity of the Statistical Centre of Iran to compile, process, disseminate, and utilize population and family planning data by arranging higher-level training for its staff, both locally and abroad. Given the lessons

learned in the 1991 census and to ensure the success of the 1996 census, UNFPA would provide technical services and training to the Statistical Centre of Iran in preparing a complete set of maps of enumeration areas and in conducting post-enumeration surveys to gauge the quality of the data collected.

38. The strengthening of the civil registration and vital statistics system is also of crucial importance for a vast country like the Islamic Republic of Iran. Since the civil registration system functions relatively well, only modest inputs would be required to upgrade the country's Civil Registration Organization. UNFPA would provide technical assistance and training to help establish a computer network linking the central databank with its peripheral terminals, produce training materials and strengthen the training of trainers of voluntary workers who serve as registrars of vital events in rural areas.

39. In collaboration with other donors, UNFPA would assist the Government in undertaking a study on improving collaboration among principal government agencies with the aim of raising the quality and reliability of data and eliminating the duplication of effort and conflicting estimates. A workshop involving the concerned agencies would review and evaluate the results of the study. UNFPA's total contribution to this sector would amount to \$1.3 million.

Population dynamics and population policy formulation

40. The country's present approach to reducing population growth is mainly through a family planning and fertility regulation programme that is essentially supply-oriented. In order to sustain the remarkable achievements made in recent years, the PRSD mission recommended the formulation and implementation of a comprehensive population policy that takes into account the relationship of population trends and sustainable development in all sectors. The existing Population and Manpower Bureau of the Plan and Budget Organization could serve as the secretariat for the implementation of this policy. In this connection, UNFPA would provide technical expertise and training to strengthen the technical capacity of the Bureau's professional staff to help with the formulation of the population policy, to monitor programme implementation, to facilitate the overall coordination of population activities, and to integrate population concerns into development planning. UNFPA would also support the Demography Department of the Faculty of Social Sciences of Tehran University in establishing demography programmes at both graduate and undergraduate levels and would provide assistance to organize short-term demographic training in selected regional universities of the country, as well as to help selected universities to conduct research on population, to play an advocacy role in population issues, and to organize training for government officials.

41. UNFPA would provide limited assistance for training the staff of the Urban Planning and Architecture Research Centre to effectively integrate population trends into regional and urban physical planning. With the collaboration and coordination of the Population and Manpower Bureau, UNFPA would also support some research studies and other activities designed to promote the understanding among planners and policy makers of the intricate linkages between population trends, resource use, and environmental quality. In this regard, UNFPA would join the Government, UNDP, and the World Bank in developing a National Strategy for Environment and Sustainable Development. UNFPA proposes \$900,000 for this sector.

Women, population and development

42. Women's perspectives in reproductive health and family planning. The Bureau of Women's Affairs under the President's Office is entrusted with the coordination of women's activities in the country and in working to improve the socio-economic status of women. Lack of qualified personnel and financial resources are a serious constraint to the organization, which also does not yet have a comprehensive policy to help it achieve intersectoral goals and objectives. As recommended by the PRSD mission, UNFPA's objective would be to assist the Government to formulate and implement a national strategy to promote the status and role of women in the family and society and to fully integrate women into the development process. UNFPA

proposes to participate with other multilateral organizations such as UNDP and UNICEF in the preparation of a women-in-development strategy and programme, as a framework for government and donor activities. UNFPA would also collaborate with UNDP and UNICEF in efforts to strengthen the Bureau of Women's Affairs.

43. The activities envisaged in the proposed programme include support for a training programme that targets the professional staff of the Bureau of Women's Affairs, of provincial commissions, and of women's focal points in various ministries and departments. The training would focus on analysing gender issues, incorporating gender concerns in policies and programmes, and monitoring and evaluating progress. UNFPA would also support research on the situation of women and women issues, as well as pilot activities in two provinces to integrate women, particularly in rural areas, into the development process through skills development training and the creation of income-generating activities.

44. The Islamic Republic of Iran has little experience in the field of NGOs, but the Government is very interested in developing a framework for NGO activities for women. In this connection, UNFPA would provide assistance to the Bureau of Women's Affairs and the concerned ministries to initiate efforts to establish women-focused NGOs, particularly in the area of family planning, where some experience has been gained from the implementation of the women's health volunteer programme in south Tehran. Technical advice from international NGOs, like the International Planned Parenthood Federation (IPPF) and The Centre for Development and Population Activities (CEDPA), would be sought in drawing up the legal framework and registration procedures. UNFPA's assistance to this sector would amount to \$1.5 million.

Programme reserve

45. An amount of \$400,000 would be held in reserve for needs that may arise during programme implementation, specifically for innovative projects.

Programme coordination

46. The coordination of external assistance is under the joint responsibility of the Plan and Budget Organization and the Ministry of Foreign Affairs. The Department of Population and Family Planning of the Ministry of Health and Medical Education is UNFPA's major counterpart in the implementation of all MCH/FP activities. The proposed programme provides for strengthening the Government's coordination capability in this area. Collaboration and cooperation between UNFPA-supported activities would be strengthened through periodic meetings of project directors facilitated by the UNFPA field office. UNFPA would collaborate with the Government in promoting coordination and integration of population activities by means of continued contact with other donors, especially the members of the Joint Consultative Group on Policy (JCGP). With the ongoing strengthening of the UNFPA field office, UNFPA is expected to play an important role in coordinating population assistance, particularly with UNDP, UNICEF and the World Bank.

Financial summary

47. As indicated in paragraph 1, UNFPA proposes to provide assistance to the Islamic Republic of Iran in the amount of \$10 million from its regular resources for a period of five years, starting January 1994. The following table shows how that amount would be accommodated by programme area.

	<u>UNFPA regular resources</u> \$
Maternal and child health and family planning	4,500,000
Information, education and communication	1,400,000
Data collection and analysis	1,300,000
Population dynamics and population policy formulation	900,000
Women, population and development	1,500,000
Programme reserve	400,000
Total	10,000,000

V. RECOMMENDATION

48. The Executive Director recommends that the Executive Board approve the programme for the Islamic Republic of Iran as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.
